

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the City of Norwalk to initiate credit entries and to initiate if necessary debit entries and adjustments for any credit entries in error to my account.

Depository Name: _____

City: _____

State: _____

Checking: _____

Amount/Percent: _____

Routing Number: _____

Account Number: _____

Savings: _____

Amount/Percent: _____

Routing Number: _____

Account Number: _____

This authority is to remain in full force and effect until the City of Norwalk has received written notification from me of its termination in such time and in such manner as to afford the City of Norwalk and depository a reasonable opportunity to act on it.

Please attach a deposit slip with this form.

Name: _____

Date: _____

Signature: _____